enhanced recovery programme. This process begins with appropriate case selection, multidisciplinary team assessment, patient education, dietetic and psychological counselling. Post-operatively it concludes with an early return to oral intake, activity and close follow up. This study examines the results of this efficiency programme with respect to length of stay (LOS) leading to day-case (D/C) gastric bypass surgery (GBS).
Methods: A prospectively entered database was interrogated for primary GBS performed between June 2006 and October 2012. Mean and mode LOS were calculated.
Results: 330 patients were identified. In 2006 (n=2) mean LOS 4.5. 2007 (n=16) mean LOS 4.1, mode 5, 2008 (n=31) mean LOS 2.1, mode 3, 2009 (n=57) mean LOS 2.6, mode 2, 2010 (n=88) mean LOS 1.8, mode 2, 2011 (n=74) mean LOS 1.8, mode 2, 2012 (n=62 (2 = D/C)) mean LOS 1.6, mode 1.
Conclusions: We report a decreasing length of stay evolving into day-case gastric bypass surgery. These improvements are multidisciplinary and day-case rates are likely to increase.

0422: RE-INTERVENTION FOLLOWING PALLIATIVE OESOPHAGEAL STENT INSERTION

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Introduction: Patients with advanced oesophageal cancer often present with dysphagia. Self-expanding metal stents (SEMS) are used as a palliative therapy to relieve dysphagia and improve quality of life whilst minimizing morbidity and mortality. This study aims to assess the rate and impact of re-intervention following oesophageal stenting.
Method: A retrospective review of oesophageal stenting for malignancy over a one year period at a single centre. Patient demographics, diagnosis, complications, re-interventions and mortality data were collected.
Results: 58 oesophageal stents were inserted in 45 patients (30 male, median age 79). 17 (29.3%) stents migrated. 15 (33%) patients required at least one endoscopic re-intervention, 6 (13.3%) required a second re-intervention and 4 (8.9%) a third. 4 (26.7%) complications were identified in re-intervention patients compared to 1 (3.3%) complication in those patients not requiring re-intervention (p=0.04). 29 patients (64.4%) died during the study period with a median survival intervention free survival of 60 days (no-re-intervention = 60 days, re-intervention = 56 days). Complications included aspiration pneumonia (3.4%), perforation (1.7%), trachea-oesophageal fistula (1.7%).
Conclusion: Oesophageal stenting with SEMS is effective with low complication rates. One third of patients require endoscopic re-intervention. Re-intervention significantly increased the risk of complication.

0467: THE BETTER DEFINITION OF NODAL STAGING IN THE 7TH EDITION OF TNM MANUAL DOES NOT PREDICT SURVIVAL OR TRANSLATES INTO BETTER PROGNOSTICATING ABILITY IN OESOPHAGO-GASTRIC JUNCTIONAL ADENOCARCINOMA

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Aims: To study the impact of the 7th TNM staging on nodal neo-staging (N) of resected and pathologically reported oesophago-gastric junctional adenocarcinomas (OGJA), compare the original staging and assess possible impact of N on overall survival (OS).
Methods: A retrospective database containing data of all consecutive curative resections of OGJA over 10 years was obtained. Any report with less than 12 lymph nodes was considered inadequate. All N and OS was analysed. OS was sub-stratified into 2, 5 and 10 years post curative resection.
Results: 57 pathology reports confirming OGJA were reviewed. Adequate lymphadenectomy (ALN) was noted in 33 patients. N was noted in 36. Of those who had ALN (33), 20 had stage migration. Two year survival (n=57), 5 year survival for patients operated between 2000 to 2007 (n=34) and 10 year survival for patients treated between 2000 to 2002 (n=10) was analysed. For stage 3b and stage 3c, there was a 12.5%, 8.9% and 8.9% higher survival rate respectively. Correspondingly for stage 1b, the survival rate was 5.3%, 3.6% and 3.6% respectively.
Conclusion: The 7th TNM staging better defines lymphatic staging, but does not seem to predict survival or have a superior prognosticating ability.

0488: THE EFFICACY OF ULTRASOUND SCANNING AS A DIAGNOSTIC TOOL IN CASES OF SUSPECTED APPENDICITIS

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Aim: Acute appendicitis continues to be a challenging diagnosis. Preoperative imaging using ultrasound has gained popularity as it may assist diagnosis, particularly when clinical diagnosis is uncertain. The optimal implementation of ultrasound has yet to be established. We aimed to evaluate the use of ultrasound scanning in the diagnosis of appendicitis.
Method: A 1-year retrospective review of the medical records of all patients who underwent laparoscopic or open appendectomy was conducted. Patient history, ultrasound reports and histological findings were reviewed.
Results: 116 patients were included. 45 (39%) underwent ultrasonography. The sensitivity of ultrasonography was 56.4% and specificity was 83.3%. Accuracy of diagnosis by ultrasonography was 60.0%.
Conclusions: Ultrasonography had a high specificity, and therefore appeared fairly accurate in excluding appendicitis. However, owing to its poor sensitivity and accuracy rates, it did not appear particularly useful in diagnosing appendicitis. Thus, whilst the routine use of ultrasound in all our patients suspected of having appendicitis cannot be advocated, it may be useful in excluding appendicitis when clinical diagnosis is uncertain.

0515: LAPAROSCOPIC SLEEVE GASTRECTOMY AND ROUTINE HISTOLOGICAL EXAMINATION OF GASTRIC SPECIMENS

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Background: Laparoscopic Sleeve Gastrectomy (LSG) involves resection of most of the stomach. Currently there are no agreements with regards to routine histological examination of the specimen. The aim of this study was to identify incidence of abnormalities in the specimens and to establish if routine pathological examination is beneficial.
Method: All patients who have undergone LSG during the last five years were identified from our prospectively collected database. Histology reports were retrieved. Specimens are examined macroscopically and microscopically, noting any abnormalities, including Warthin-Starry staining for helicobacter pylori infection (HP).
Results: During the study period, 409 gastric specimens were examined. No dysplasia or cancer was found. 224 (54%) showed no abnormalities or any HP infection. 1 patient had an incidental GIST completely removed. 70 (17%) had HP positivity. 63 (15%) had a degree of HP gastritis and 96 (23%) had non HP gastritis. 2 had lymphocytic gastritis and 7 (1.7%) had benign fundal polyps. 8 (2%) had some intestinal metaplasia.
Conclusion: 46% of gastric specimens after LSG showed abnormalities. In addition, 17% had HP confirmed, requiring post operative eradication. Routine histological examination with HP testing of gastric specimens is recommended after LSG.

0724: MODERN MANAGEMENT OF GASTRIC AND SMALL BOWEL GISTS

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Gastrointestinal stromal tumours (GISTs) account for 1-3% of all GI malignancies. Due to their relative rarity, a retrospective case series was performed to gain further data on current management and outcomes.
A consecutive case series was performed within RPH UGI Unit, assessing all GIST resections undertaken. Patient records and MDT outcomes were studied.
A total of 24 GIST resections were undertaken between March 2008 and October 2012. A variety of investigations were used in the detection and assessment of these GISTs, including CT, OGD and EUS.
All 24 resections were R0. 12 were carried out laparoscopically, 5 laparoscopically-assisted and 7 open, of which the rates of laparoscopically-assisted and open have reduced annually.
Immunohistochemistry identified 18 of the resected tumours as cKit positive and 20 as DOG1 positive. Mittenien Classification varied from 1 to 6a.
It is essential each patient's case is discussed at a specialist UGI MDT. Due to improved surgical techniques and equipment, patient satisfaction and oncological outcomes are improving. Laparoscopic resection is now the preferred technique for resectable non-malignant gastric GISTs.